05066080

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

|   | 338 | 9 | 5 | 2 |
|---|-----|---|---|---|
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| Prefix  | Serial |
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|   |   |                         | Bo.              |
|---|---|-------------------------|------------------|
|   | cek if this is an amendment and name has changed, and indicat   | e change.)              | LUCE PECEL       |
|   | erests in WP Private Equity Opportunity Fund L.P.               |                         | <del>/</del>     |
|   | es) that apply): 🗌 Rule 504 🗎 Rule 505 🛛 Rule 506 🔲 S           | Section 4(6) ULOE       | . SÉP 19 2005    |
| Type of Filing: 🛛 New F                     | <del></del>   |                         |                  |
|   | A. BASIC IDENTIFIC  | CATION DATA             | 1/2              |
| <ol> <li>Enter the information r</li> </ol> | equested about the issuer                                       |                         | / Indiasola      |
| Name of Issuer ( check                      | if this is an amendment and name has changed, and indicate c    | hange.)                 | FINANCIAL        |
| WP Private Equity Opp                       |   |                         |                  |
| Address of Executive Off                    | ices (Number and Street, City, State, Zip Code)                 | Telephone Number (inclu | iding Area Code) |
| 30 South Wacker Drive,                      | Suite 3920, Chicago, IL 60606                                   | (312) 277-1300          |                  |
| Address of Principal Busi                   | ness Operations (Number and Street, City, State, Zip Code)      | Telephone Number (inclu | ding Area Code   |
| (if different from Executive                | ve Offices)   |                         | ENEVED CO        |
| Brief Description of Busin                  | ness  |                         | STAED TO         |
| Private investment fund                     | •   |                         |                  |
| Type of Business Organiz                    | ation   | No. O. W.               | SEF I A 2000     |
| ☐ corporation                               |   | 1                       | 2005             |
|   |   | other (please specify): |                  |
| business trust                              | ☐limited partnership, to be formed                              |                         |                  |
|   | Month Year  |                         | 10/2/3/201       |
| Actual or Estimated Date                    | of Incorporation or Organization: 0 8 0 5                       | 🖾 Actual ,              | Estimated        |
| Jurisdiction of Incorporati                 | ion or Organization: (Enter two-letter U.S. Postal Service abbi | reviation for State:    |                  |
| - · · · · · · · · · · · · · · · · · · ·     | CN for Canada; FN for other for                                 |                         | <b>*</b>         |
|   |   | reign juristiction)     |                  |
| GENERAL INSTRUCT                            | TONS  |                         |                  |
| ,   |   |                         |                  |

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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#### A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and X Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) WP Private Equity GP, L.L.C. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WP Global Partners Inc., 30 South Wacker Drive, Suite 3920, Chicago, IL 60606 Check Box(es) that Apply: Promoter Beneficial Owner X Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Phillips, Donald W. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WP Global Partners Inc., 30 South Wacker Drive, Suite 3920, Chicago, IL 60606 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director ☐ General and/or Managing Partner Full Name (Last name first, if individual) Chapman, Celia A. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WP Global Partners Inc., 30 South Wacker Drive, Suite 3920, Chicago, IL 60606 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☑ Director General and/or Managing Partner Full Name (Last name first, if individual) Oberholtzer, Gregory S. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WP Global Partners Inc., 30 South Wacker Drive, Suite 3920, Chicago, IL 60606 Promoter ☐ Executive Officer Beneficial Owner □ Director Check Box(es) that Apply: General and/or Managing Partner Full Name (Last name first, if individual) Thompson, L.B. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WP Global Partners Inc., 30 South Wacker Drive, Suite 3920, Chicago, IL 60606 Check Box(es) that Apply: Beneficial Owner ☐ Director Promoter Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Murphy, Sharon M. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WP Global Partners Inc., 30 South Wacker Drive, Suite 3920, Chicago, IL 60606 Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Jania, Gregory J. Business or Residence Address (Number and Street, City, State, Zip Code) c/o WP Global Partners Inc., 30 South Wacker Drive, Suite 3920, Chicago, IL 60606 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Mansfield, Jon Business or Residence Address (Number and Street, City, State, Zip Code) c/o WP Global Partners Inc., 30 South Wacker Drive, Suite 3920, Chicago, IL 60606 ☐ Beneficial Owner Check Box(es) that Apply: Promoter ☐ Executive Officer ☐ Director General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Full Name (Last name first, if individual)

Business or Residence Address (Number and Street, City, State, Zip Code)

|                |                          |                              |                              |                             |   | B. INFO                      | RMATIO                       | N ABOU                       | T OFFER                       | ING                          |                              |   |                              |             |    |
|----------------|--------------------------|------------------------------|------------------------------|-----------------------------|---|------------------------------|------------------------------|------------------------------|-------------------------------|------------------------------|------------------------------|---|------------------------------|-------------|----|
| 1.             |                          |                              |                              |                             |   |                              |                              |                              | Yes                           | No<br>⊠                      |                              |   |                              |             |    |
| •              |                          |                              |                              |                             | Α                                       | inswer also                  | in Append                    | ix, Column                   | 2, if filing                  | under ULO                    | E.                           |   |                              |             |    |
| 2.             | What is                  | the minim                    | num investn                  | nent that w                 | ill be accept                           | ted from an                  | y individua                  |                              | ****************              |                              |                              |   |                              | \$ N/A      |    |
| 3.             | Does th                  | e offering                   | permit join                  | t ownership                 | of a single                             | unit?                        | **************               |                              | ••••••••                      |                              |                              |   |                              | Yes         | No |
|                |                          |                              |                              |                             |   |                              |                              |                              |                               |                              |                              |   |                              | $\boxtimes$ |    |
|                | remuner<br>person o      | ration for s<br>or agent of  | solicitation<br>fabroker o   | of purchase<br>r dealer reg | ers in conne<br>istered with            | ction with s<br>the SEC as   | sales of second/or with a    | urities in that state or sta | e offering.<br>ates, list the | If a person<br>name of th    | to be listed<br>e broker or  | ission or sin<br>is an associ<br>dealer. If n<br>broker or de | ated<br>nore than            |             |    |
| Full N:<br>N/A | ame (La                  | st name fir                  | rst, if indivi               | dual)                       |   |                              |                              |                              |                               |                              |                              |   |                              |             |    |
| _              |                          |                              |                              |                             |   |                              |                              |                              |                               |                              |                              |   |                              |             |    |
| Busine         | ss or Re                 | sidence A                    | ddress (Nu                   | mber and S                  | treet, City,                            | State, Zip C                 | Code)                        |                              |                               |                              | 105100000                    |   |                              |             |    |
| Name           | of Assoc                 | ciated Brol                  | ker or Deal                  | er                          |   |                              |                              |                              |                               |                              |                              |   |                              |             |    |
| States         | in Whic                  | h Person L                   | isted Has S                  | Solicited or                | Intends to S                            | Solicit Purc                 | hasers                       |                              |                               |                              |                              |   |                              |             |    |
| (              | Check ".                 | All States'                  | or check in                  | ndividual S                 | tates)                                  | ••••                         |                              |                              |                               |                              |                              | All States  |                              |             |    |
|                | AL]                      | [AK]                         | [AZ]                         | [AR]                        | [CA]                                    | [CO]                         | [CT]                         | [DE]                         | [DC]                          | [FL]                         | [GA]                         | [HI]  | [ID]                         |             |    |
| [              | IL]<br>MT]               | [IN]<br>[NE]                 | [IA]<br>[NV]                 | [KS]<br>[NH]                | [KY]<br>[NJ]                            | [LA]<br>[NM]                 | [ME]<br>[NY]                 | [MD]<br>[NC]                 | [MA]<br>[ND]                  | [MI]<br>[OH]                 | [MN]<br>[OK]                 | [MS]<br>[OR]  | [MO]<br>[PA]                 |             |    |
|                | RI]<br>ame (La           | [SC]<br>st name fir          | [SD]<br>rst, if indivi       | [TN]<br>idual)              | [TX]                                    | [UT]                         | [VT]                         | [VA]                         | [WA]                          | [WV]                         | [WI]                         | [WY]  | [PR]                         |             |    |
| Busine         | ess or Re                | esidence A                   | ddress (Nu                   | mber and S                  | treet, City,                            | State, Zip C                 | Code)                        |                              |                               |                              |                              |   |                              | ····        |    |
| Name           | of Assoc                 | ciated Bro                   | ker or Deal                  | er                          |   | <u></u>                      |                              |                              |                               |                              |                              |   |                              |             |    |
| States         | in Whic                  | h Person I                   | isted Has S                  | Solicited or                | Intends to S                            | Solicit Purc                 | hasers                       |                              |                               |                              |                              |   | ····                         |             |    |
|                |                          |                              |                              |                             |   |                              |                              |                              |                               |                              |                              | All States  |                              |             |    |
|                |                          |                              |                              |                             |   |                              |                              |                              |                               |                              |                              |   |                              |             |    |
| j              | AL]<br>IL]               | [AK]<br>[IN]                 | [AZ]<br>[IA]                 | [AR<br>[KS]                 | [CA]<br>[KY]                            | [CO]<br>[LA]                 | [CT]<br>[ME]                 | [DE]<br>[MD]                 | [DC]<br>[MA]                  | [FL]<br>[MI]                 | [GA]<br>[MN]                 | [HI]<br>[MS]  | [ID]<br>[MO]                 |             |    |
|                | MT]<br>RI]               | [NE]<br>[SC]                 | [NV]<br>[SD]                 | [NH]<br>[TN]                | [NJ]<br>[TX]                            | [NM]<br>[UT]                 | [NY]<br>[VT]                 | [NC]<br>[VA]                 | [ND]<br>[WA]                  | [OH]<br>[WV]                 | [OK]<br>[WI]                 | [OR]<br>[WY]  | [PA]<br>[PR]                 |             | •  |
| Full N         | ame (La                  | st name fi                   | rst, if indivi               | idual)                      |   |                              |                              |                              |                               |                              |                              |   |                              |             |    |
| Busine         | ess or Re                | esidence A                   | ddress (Nu                   | mber and S                  | treet, City,                            | State, Zip C                 | Code)                        |                              |                               | <del></del>                  |                              |   |                              |             |    |
| Name           | of Asso                  | ciated Bro                   | ker or Deal                  | er                          |   |                              | ···.                         |                              |                               |                              |                              |   |                              |             |    |
| States         | in Whic                  | h Person I                   | isted Has S                  | Solicited or                | Intends to S                            | Solicit Purc                 | hasers                       | -                            |                               |                              |                              |   |                              |             |    |
| (Checl         | k "All St                | tates" or cl                 | heck individ                 | dual States)                | *************************************** |                              |                              |                              |                               |                              |                              | All States  |                              |             |    |
| [<br>[<br>[    | AL]<br>IL]<br>MT]<br>RII | [AK]<br>[IN]<br>[NE]<br>ISCI | [AZ]<br>[IA]<br>[NV]<br>[SD] | [AR]<br>[KS]<br>[NH]        | [CA]<br>[KY]<br>[NJ]<br>[TX]            | [CO]<br>[LA]<br>[NM]<br>[UT] | [CT]<br>[ME]<br>[NY]<br>[VT] | [DE]<br>[MD]<br>[NC]<br>[VA] | [DC]<br>[MA]<br>[ND]<br>[WA]  | [FL]<br>[MI]<br>[OH]<br>[WV] | [GA]<br>[MN]<br>[OK]<br>[WI] | [HI]<br>[MS]<br>[OR]<br>[WY]                                  | [ID]<br>[MO]<br>[PA]<br>[PR] |             |    |

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

|    | C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF   | PROCEEDS                    |  |
|----|---|-----------------------------|--|
| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \( \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |                             |  |
|    | Type of Security  | Aggregate Offering<br>Price | Amount Already<br>Sold                     |
|    | Debt  | \$                          | \$   |
|    | Equity  | \$                          | \$   |
|    | ☐ Common ☐ Preferred  |                             |  |
|    | Convertible Securities (including warrants)   | S                           | s  |
|    | Partnership Interests   | \$ 50,000,000               | \$ 50,000,000                              |
|    | Other (Specify)   | \$                          | \$   |
|    | Total   | \$ 50,000,000               | \$ 50,000,000                              |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  |                             |  |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            |                             |  |
|    |   | Number Investors            | Aggregate<br>Dollar Amount of<br>Purchases |
|    | Accredited Investors  | 1                           | \$ 50,000,000                              |
|    | Non-accredited Investors  |                             | \$   |
|    | Total (for filings under Rule 504 only).  |                             | \$   |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |                             |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.  |                             |  |
|    | Type of offering  | Type of Security            | Dollar Amount<br>Sold                      |
|    | Rule 505  |                             | \$   |
|    | Regulation A  |                             | \$   |
|    | Rule 504  |                             | \$   |
|    | Total   |                             | \$   |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. |                             |  |
|    | Transfer Agent's Fees   |                             | \$   |
|    | Printing and Engraving Costs  |                             | \$   |
|    | Legal Fees  | $\boxtimes$                 | \$ 60,000                                  |
|    | Accounting Fees   |                             | \$   |
|    | Engineering Fees  |                             | \$   |
|    | Sales Commissions (specify finders' fees separately)  |                             | \$   |
|    | Other Expenses (identify)   |                             | \$   |
|    | Total   | _<br>⊠                      | \$ 60,000                                  |
|    |   | _                           | <u> </u>                                   |

| C. OFFERING PR  | RICE, NUMBER OF INVESTORS, EXPENSES AND US   | SE OF PROCEEDS                                      |                       |
|---|--|---|-----------------------|
|   | ffering price given in response to Part C - Question 1 and to tion 4.a. This difference is the "adjusted gross proceeds to t   |   | \$ 49,940,000         |
| the purposes shown. If the amount for any purp  | proceeds to the issuer used or proposed to be used for each lose is not known, furnish an estimate and check the box to to isted must equal the adjusted gross proceeds to the issuer set e. | he  | \$ 47,740,000         |
|   |  | Payments to<br>Officers, Directors,<br>& Affiliates | Payments To<br>Others |
| Salaries and fees   |  | \$  | □ \$                  |
| Purchase of real estate   |  | \$  | <b>□</b> \$           |
| Purchase, rental or leasing and installation of m   | achinery and equipment   | \$  | \$                    |
| Construction or leasing of plant buildings and fi   | acilities  |   | <b>\$</b>             |
| Acquisition of other businesses (including the v offering that may be used in exchange for the as pursuant to a merger) |  | \$  | □\$                   |
|   |  |   | <b>\$</b>             |
| Working capital   |  |   | □ <b>\$</b>           |
| Other (specify): Investments in securities and  | expenses necessary, convenient, or incidental thereto.   | □ \$  | ⊠ \$ 49,940,000       |
| Column Totals   |  | <u>  \$</u>   | ⊠ \$ 49,940,000       |
| Total Payments Listed (column totals added)   |  |   | 40,000                |
|   | D. FEDERAL SIGNATURE   |   | <del></del>           |
|   | the undersigned duly authorized person. If this notice is file<br>surities and Exchange Commission, upon written request of  |   |                       |
| suer (Print or Type)  VP Private Equity Opportunity Fund L.P.   | Signature  | Date<br>September / 2, 2005                         |                       |
| lame of Signer (Print or Type)  Onald W. Phillips   | Title of Signer (Print or Type) Chairman, CEO and CIO of WP Global Partners In   | c., as Manager of WP Priva                          | e Equity GP, LLC      |

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

ATTENTION